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Feb 11 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713692 (2)**

1. Corporation Name

**FLORIDA RECYCLERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 876  
BUSHNELL FL 33513  
US

P.O. BOX 876  
BUSHNELL FL 33513-0876  
US

3. Date Incorporated or Qualified **11/22/1967** 3a. Date of Last Report **08/08/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, LUTHER E.**  
**#26 COUNTY ROAD 706**  
**BUSHNELL FL 33513**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
 NAME **MCREE, TOM**  
 STREET ADDRESS **BOX 60068 N/A**  
 CITY-ST-ZIP **JACKSONVILLE FL 32236**

1.1 TITLE **PD** ☒ Change ☐ Addition  
 1.2 NAME **ERIC BERMAN**  
 1.3 STREET ADDRESS **PO Box 3065 / 2726 EUSTACE RD**  
 1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32206**

TITLE **VD** ☒ DELETE  
 NAME **WEIL, RANDY**  
 STREET ADDRESS **13200 GARID LN**  
 CITY-ST-ZIP **OPA LOCKA FL 33054**

2.1 TITLE **VD** ☒ Change ☐ Addition  
 2.2 NAME **BERNARD LEIBOV**  
 2.3 STREET ADDRESS **1701 NW 31st AVE / METROPOLITAN APARTS**  
 2.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE **STD** ☐ DELETE  
 NAME **MOORE, LUTHER**  
 STREET ADDRESS **P.O. BOX 876 N/A**  
 CITY-ST-ZIP **BUSHNELL FL**

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)